



01/11/2005 15:08 FAX 312 609 5005

VEDDER PRICE KAUFMAN

002

JAN 11 2005

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, Advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: I-840 may mark-up with my corrections or use Block 1)

26689 7590 11/28/2003

**WILDMAN, HARROLD, ALLEN & DIXON**  
**225 WEST WACKER DRIVE**  
**CHICAGO, IL 60606**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Nanette W. Combs	(Depositor's name)
<i>Nanette Combs</i>	(Signature)
11/11/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/698,739	10/27/2000	Peyman Hojabri	68135469-305220 (P04329	6824 P

TITLE OF INVENTION: MULTIPLEXED VIDEO SIGNAL INTERFACE SIGNAL, SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/01/2004
		<i>1400</i>		<i>1400</i>	

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, MICHAEL	2614	348-569000

  

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the parent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> 1 <i>Vedder Price Kaufman &amp; Kammholz, P.C.</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> 2 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Semiconductor Corporation

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

## 4b. Payment of Fee(s):

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies 10

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0259 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Mark A. Dalla Valle 34,147 (Date)Mark A. Dalla Valle Jan. 11, 2005

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01/12/2005 RNEBRAH1 00000097 220259 09698739

01 FC:1501 1400.00 DA  
02 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



VEDDER PRICE

01/11/2005 5:07 FAX 312 609 5005

VEDDER PRICE KAUFMAN

001

VEDDER, PRICE, KAUFMAN & KAMMHOLZ, P.C.  
222 NORTH LASALLE STREET  
CHICAGO, ILLINOIS 60601  
312-609-7500  
FACSIMILE: 312-609-5005

## Facsimile

OFFICES IN CHICAGO, NEW YORK CITY AND ROSELAND, NEW JERSEY

If you have any problems with this transmittal,  
please call 312 609-5001.  
Our Fax Number is 312-609-5005.

Fax Operator:

Please deliver the following page(s) to:

Page 1

Name: Mail Stop Issue Fee  
Firm: U.S. Patent and Trademark Office  
From: Mark A. Dalla Valle  
Date: January 11, 2005  
Client No.: 11461.00.0060

Fax No.: 703-746-4000  
Confirmation No.: 312-609-5005  
Sender's Ext.: 7620  
Total Pages: 3  
Time Received by Fax Dept.:

2005 JAN 11 PM 3:02

**Message:**

U.S. Patent Application No. 09/698,739, filed October 27, 2000 Docket No. 11461.00.0060

I hereby certify that this correspondence; Part B-Fee Transmittal (+ 1 copy for deposit account) is being facsimile transmitted to the United States Patent and Trademark Office on January 11, 2005.

Nanette Combs  
Nanette W. Combs

CHICAGO/#1323276.1

PAGE 1/3 \* RCVD AT 1/11/2005 4:06:31 PM [Eastern Standard Time] \* SVR:USPTO-EXRF-2/0 \* DNIS:7464000 \* CSID:312 609 5005 \* DURATION (mm:ss):01:34